



Sendero Health Plans Complaint Form

Date: _____

Name of Member: _____

Street Address: _____

City/State/Zip: _____

Re Member:

Member ID:

Information regarding my complaint:

The Complaint Form must be completed and returned to Sendero Health Plans by faxing it to 512-901-9724 or mailing to:

Sendero Health Plans
Attn: Operations Department
2028 E. Ben White Suite 400
Austin, TX 78741

If you have any questions or concerns, please call Sendero Customer Service toll-free 1-844-800-4693.

I understand that the signature below allows for the release of medical records to Sendero Health Plans for use in looking into my complaint. I also understand that if I'm completing this form on behalf of another person, the signature must be that of the parent or legal guardian.

The medical records are being released only for the purpose of reviewing this complaint. Any other use is not allowed.

I understand that I may withdraw this authorization at any time unless action has already been taken based on it. This authorization will expire one year from the date of my signature, or as otherwise specified by date, event, or condition as follows:

Signature of Member: _____ Date: _____